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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009					Complete if Known					
							10/582,385-Conf. #2824			
					Filing Date		August 15, 2007			
					First Named Inv		Marco Antonio SANTINI			
					Examiner Name		M. S. Mercier			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit 1615					
TOTAL AMOUNT OF PAYMENT (\$) 1,110.00				00	Attorney Docket	No. 4	4705-0121PUS1			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCUL	_ATION	H-4474-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			WTTCH100001000000000000000000000000000000					
1. BASIC FILING	G, SEARCH, AND	EXAMIN	ATION FEI	ES	97° CFA	WAR-1/		***************************************		
					ARCH FEES	EXAMIN	ATION FEES			
Application Ty	/pe Fee		nall Entity	Ean (\$	Small Entity	Eng (f)	Small Entity	F	D-:-! (A)	
Utility	<u>79e </u>		Fee (\$) 165	Fee (\$)	Fee (\$) 270	Fee (\$) 220	Fee (\$)	rees	Paid (\$)	
Design							110			
J	220		110	100	50	140	70			
Plant	220		110	330	165	170	85			
Reissue	330		165	540	270	650	325	Na Vanda		
Provisional	220)	110	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity										
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5226										
				52	26					
Each independer				220	110					
									195	
	10 110			Fe	0.00		ultiple Dependent Claims			
13 -49 or HP 0 x 52.00 =					0.00	Fee	<u>) (\$)</u>	Fee Paid (<u>\$)</u>	
HP = highest number of total claims paid for, if greater than 20.									Territorium	
Indep. Claims				Fe	e Paid (\$)					
	7 or HP = 0 per of independent claim			,	0.00					
3. APPLICATION If the specificat	N SIZE FEE tion and drawings o	exceed 10	00 sheets o	f paper (excluding electro	nically file	ed sequence or	computer		
sheets or fra	er 37 CFR 1.52(e)) action thereof. See	, the appl	lication size	e tee due G) and 3	: is \$270 (\$135 fc 37 CFR 1 16(s)	or small ent	tity) for each a	dditional 5	0	
Total Sheets					Iditional 50 or fract	ion thereof	Fee (\$)	Fee	Paid (\$)	
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100 = /50 = (round up to a whole number) x =										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00										
SUBMITTED BY		##G###################################								
Signature	-11.0	0	0		Registration No.	36 623	Telephono	/9E9\ 2E	6 5050	
	author the last the l				(Attorney/Agent)	36,623	Telephone	(858) 35		
Name (Print/Type)	ne (Print/Type) Mark J Muell						Date S	eptember	21, 2009	